Complete Summary

GUIDELINE TITLE

Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for infants, children, and adolescents.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatric Dentistry. Guideline on periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children, and adolescents. Chicago (IL): American Academy of Pediatric Dentistry; 2007. 11 p. [81 references]

GUIDELINE STATUS

This is the current release of the guideline.

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COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Oral and dental conditions and diseases, such as:

- Dental caries
- Periodontal disease
- Malocclusion
- Injury

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Risk Assessment

CLINICAL SPECIALTY

Dentistry
Pediatrics
Preventive Medicine

INTENDED USERS

Allied Health Personnel
Dentists
Health Care Providers
Health Plans
Managed Care Organizations
Patients
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To help practitioners make clinical decisions concerning preventive oral health interventions, including anticipatory guidance and preventive counseling, for infants, children, and adolescents

TARGET POPULATION

Infants, children, and adolescents who have no contributory medical conditions and are developing normally

INTERVENTIONS AND PRACTICES CONSIDERED

1. Clinical oral examination
2. Caries risk assessment
3. Prophylaxis and topical fluoride treatment
4. Fluoride supplementation
5. Anticipatory guidance/counseling
6. Radiographic assessment
7. Treatment of dental disease/injury
8. Treatment of developing malocclusion
9. Sealants
10. Assessment of and/or removal of third molars
11. Referral for regular and periodic dental care

MAJOR OUTCOMES CONSIDERED

- Oral health
- Disease prevention rate
- Cost effectiveness of early intervention
- Oral hygiene and dietary risk reduction rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

This guideline is a compilation of related policies and guidelines published by the American Academy of Pediatric Dentistry (AAPD), in addition to pediatric oral health literature and national reports and recommendations. The related policies and guidelines provide additional references for individual recommendations.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Subjective Review

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Clinical guidelines of the American Academy of Pediatric Dentistry (AAPD) are developed under the direction of the Board of Trustees, utilizing the resources and expertise of its membership operating through the Council on Clinical Affairs (CCA).

Proposals to develop or modify guidelines may originate from 4 sources:

1. The officers or trustees acting at any meeting of the Board of Trustees
2. A council, committee, or task force in its report to the Board of Trustees
3. Any member of the AAPD acting through the Reference Committee hearing of the General Assembly at the Annual Session
4. Officers, trustees, council and committee chairs, or other participants at the AAPD's Annual Strategic Planning Session

Regardless of the source, proposals are considered carefully, and those deemed sufficiently meritorious by a majority vote of the Board of Trustees are referred to the CCA for development or review/revision.

Once a charge (directive from the Board of Trustees) for development or review/revision of a clinical guideline is sent to the CCA, it is assigned to 1 or more members of the CCA for completion. CCA members are instructed to follow the specified format for a guideline. All clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field. CCA, in collaboration with the Council on Scientific Affairs, performs a comprehensive review of current scientific literature for each document. In cases where scientific data does not appear conclusive, experts may be consulted.

The CCA meets on an interim basis (midwinter) to discuss proposed clinical guidelines. Each new or reviewed/revised guideline is reviewed, discussed, and confirmed by the entire council.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Sealants reduce the risk of pit and fissure caries in susceptible teeth and are cost-effective when maintained.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once developed by the Council on Clinical Affairs (CCA), the proposed guideline is submitted for the consideration of the Board of Trustees. While the board may request revision, in which case it is returned to the council for modification, once accepted by majority vote of the board, it is referred for Reference Committee hearing at the upcoming Annual Session. At the Reference Committee hearing,

the membership may provide comment or suggestion for alteration of the document before presentation to the General Assembly. The final document then is presented for ratification by a majority vote of the membership present and voting at the General Assembly. If accepted by the General Assembly, either as proposed or as amended by that body, the document then becomes the official American Academy of Pediatric Dentistry (AAPD) clinical guideline for publication in the AAPD's Reference Manual and on the AAPD's Web site.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

An accurate, comprehensive, and up-to-date medical history is necessary for correct diagnosis and effective treatment planning.

Table: Recommendations for Preventive Pediatric Oral Health Care

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The AAPD emphasizes the importance of *very* early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of the original guideline document for supporting information and references.

Age	6-12 months	12-24 months	2-6 years	6-12 years	≥12 years
Clinical oral examination[1,2]	X	X	X	X	X
Assess oral growth and development[3]	X	X	X	X	X
Caries-risk assessment[4]	X	X	X	X	X
Radiographic assessment[5]	X	X	X	X	X
Prophylaxis & topical fluoride[4,5]	X	X	X	X	X
Fluoride supplementation[6,7]	X	X	X	X	X
Anticipatory guidance/counseling[8]	X	X	X	X	X
Oral hygiene	Parent	Parent	Patient/Parent	Patient/Parent	Patient

Age	6-12 months	12-24 months	2-6 years	6-12 years	≥12 years
counseling[9]					
Dietary counseling[10]	**X**	**X**	**X**	**X**	**X**
Injury prevention counseling[11]	**X**	**X**	**X**	**X**	**X**
Counseling for nonnutritive habits[12]	**X**	**X**	**X**	**X**	**X**
Counseling for speech/language development	**X**	**X**	**X**		
Substance abuse counseling				**X**	**X**
Counseling for intraoral/perioral piercing				**X**	**X**
Assessment and treatment of developing malocclusion			**X**	**X**	**X**
Assessment for pit and fissure sealants[13]			**X**	**X**	**X**
Assessment and/or removal of third molars					**X**
Transition to adult dental care					**X**

1. First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.
2. Includes assessment of pathology and injuries.
3. By clinical examination.
4. Must be repeated regularly and frequently to maximize effectiveness.
5. Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
6. Consider when systemic fluoride exposure is suboptimal.
7. Up to at least 16 years.
8. Appropriate discussion and counseling should be an integral part of each visit for care.

9. Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
10. At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
11. Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouthguards.
12. At first discuss the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
13. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

All clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Improvement in a child's oral health, general health and well-being, and school readiness.
- Early diagnosis of developing malocclusions
- Prevention of disease by identification and minimization of causative factors
- Prevention, inhibition, and reversal of caries.
- Cost-effectiveness of early diagnosis and treatment

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The American Academy of Pediatric Dentistry emphasizes the importance of *very* early professional intervention and the continuity of care based on the individualized needs of the child.
- Recommendations may be modified to meet the unique requirements of patients with special needs.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

This guideline is in part adapted from related policies and guidelines published by the American Academy of Pediatric Dentistry (AAPD).

DATE RELEASED

1991 (revised 2007 Jan)

GUIDELINE DEVELOPER(S)

American Academy of Pediatric Dentistry - Professional Association

SOURCE(S) OF FUNDING

American Academy of Pediatric Dentistry

GUIDELINE COMMITTEE

Clinical Affairs Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

The Council on Clinical Affairs and Council on Scientific Affairs are comprised of pediatric dentists representing the six geographical districts of the American Academy of Pediatric Dentistry (AAPD) along with additional consultants confirmed by the Board of Trustees.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Council members and consultants were asked to disclose potential conflicts of interest. None was noted.

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GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatric Dentistry Web site.

Print copies: Available from the American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 700, Chicago, Illinois 60611.

AVAILABILITY OF COMPANION DOCUMENTS

Information about the American Academy of Pediatric Dentistry (AAPD) mission and guideline development process is available on the AAPD Web site.

The following implementation tools are available for download from the AAPD Web site:

- Dental growth and development chart
- American Academy of Pediatric Dentistry Caries-Risk Assessment Tool (CAT)

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on March 7, 2005. The information was verified by the guideline developer on April 18, 2005. This summary was updated by ECRI Institute on April 3, 2008. The updated information was verified by the guideline developer on April 30, 2008.

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